

## ADVANCED TOURNIQUET DE-ESCALATION

### PHASE 1: ASSESS RISK

0-2 Hrs TQ (All Corps Conversion Drill): Haemorrhage risk

2-4 Hrs TQ (Delayed Conversion): + Hypotension risk

4-6 Hrs TQ (High Risk Delayed Conversion): + Metabolic risk

>6 Hrs TQ (Terminal): Do not conduct conversion

### PHASE 2: CONVERT (DELAYED/ HIGH RISK DELAYED)

- Resuscitation optimised prior to conversion
- Reperfusion Toolbox elements according to assessed risk
- Consider adjuncts to Advanced TQ Conversion
  - Burn escharotomy
  - Large vessel ligation
  - Compartment fasciotomy

### PHASE 3: MITIGATE

If TQ conversion cannot be safely conducted. Consider:

- Tourniquet replacement to lowest possible level
- Limb cryotherapy
- Limited TQ conversion

If TQ/ casualty/ operational/ resource factors suitable

10 min Reperfusion Intervals starting at 2hrs

Repeat every 90 mins (UL)/ 120 mins (LL)